

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

**Republican State Leadership Committee**(b) Address (number and street) ☐ check if different than previously reported1201 F Street NW  
Suite 675

(c) City, State and ZIP Code

Washington

DC

20004

(d) Name of Employer or Principal Place of Business

(e) Occupation

**2. FEC Identification Number****C** C30002067**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2012

D D D / Y Y Y Y Y Y

through

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2012

D D D / Y Y Y Y Y Y

2012

**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2012

D D D / Y Y Y Y Y Y

2012

(b) Communication Title Enough**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: Non-Fed 527 Pol Org**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Staci A Goede

(b) Address (number and street)

1201 F Street, NW  
Suite 675

(c) City, State and ZIP Code

Washington

DC

20004

(d) Name of Employer or Principal Place of Business

(e) Occupation

**9. Total Donations This Statement**

.00

**10. Total Disbursements/Obligations This Statement**

60000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Staci A Goede

SIGNATURE

Staci A Goede

[Electronically Filed]

DATE

10/19/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.